

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		4/6/99
O.I.P.E. CLASSIFIER		25	04-02-99
FORMALITY REVIEW	SB	#07033	4-29-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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2	08/09/02
3	01/10/03
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If more than 150 claims or 10 actions  
staple additional sheet here

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